

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 and ending 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Last Chance for Patient Choice **Employer identification number** 05 - 0628214

2 Mailing address (P.O. box or number, street, and room or suite number)
P.O.Box 2817

City or town, state, and ZIP code
Waterloo, IA 50704

3 E-mail address of organization: Eric.Brodahl@vgm.com **4** Date organization was formed: 10/17/2005

5a Name of custodian of records Michael Mallaro **5b** Custodian's address
PO Box 2817
Waterloo, IA 50704

6a Name of contact person John Gallagher **6b** Contact person's address
PO Box 2817
Waterloo, IA 50704

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
1111 W. San Marnan Dr.

City or town, state, and ZIP code
Waterloo, IA 50704

8 Type of report (check only one box)

- | | |
|--|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input checked="" type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A) **9.** \$ 52845

10 Total amount of reported expenditures (total from all attached Schedules B) **10.** \$ 20335

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

07/12/2013

**Sign
Here**



Signature of authorized official



Date

Schedule A Itemized Contributions

Schedule A

Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 02/27/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 02/27/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 06/06/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 03/07/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 06/06/2013
Contributor's name, mailing address and ZIP code Withheld PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 32635	Amount of contribution \$ 32635 Date of contribution 06/30/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code VGM Group PO Box 2817 Waterloo, IA 50704	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 20000	Amount of contribution \$ 20000 Date of contribution 01/23/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 03/07/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 04/23/2013

Contributor's name, mailing address and ZIP code Care Medical 1242 Prince Ave Athens, GA 30606	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 210	Amount of contribution \$ 15 Date of contribution 02/27/2013
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Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP code

Center for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 10000

Date of expenditure

02/28/2013

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 81

Date of expenditure

01/23/2013

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code

Center for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 10000

Date of expenditure

01/24/2013

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 85

Date of expenditure

02/20/2013

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 84

Date of expenditure

04/30/2013

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 85

Date of expenditure

05/23/2013

Purpose of expenditure

Bank Fees